FLORIDA OFFICE OF FINANCIAL REGULATION
Division of Financial Institutions
200 East Gaines Street
Tallahassee, Florida 32399-0371
www.flofr.com

GENERAL INFORMATION AND INSTRUCTIONS

for Form OFR-162-Bio, Biographical Report

This form is for use by individuals required to provide biographical information in conjunction with applications and filings under Chapter 662, F.S. for licensed family trust companies.

The terms used in this form are as defined in s. 662.111, F.S., or, if not defined therein, in Rule Chapter 69U-162, F.A.C. All statutes, rules, and forms relating to licensed family trust companies are available at the Office of Financial Regulation, Division of Financial Institution's website: http://www.flofr.com/StaticPages/DivisionOfFinancialInstitutions.htm.

If additional space is needed to complete the information required by this form, attach additional pages and identify the question to which the additional pages pertain.

Preparation

All questions must be answered with complete and accurate information that is subject to verification. If the answer is "none," "not applicable," or "unknown," so state. Answers of "unknown" or "yes" should be explained.

The questions are not intended to limit the presentation nor are the questions intended to duplicate information supplied on another form or in an exhibit. A cross-reference to the information is acceptable. Any cross-reference must be made to a specific cite or location in the documents, so the information can be located easily. Use additional sheets as necessary. If the report is not complete, the Office may either request additional information or return the filing. If you are a foreign national or a United States citizen who currently resides in a foreign country, additional information may be necessary.

Financial statements from individuals must have "as of" dates of not more than 90 days prior to the date the financial report is submitted. All amounts in this report must agree with any totals in the supplementary schedules and be based on current market value in United States dollars. Provide the foreign currency exchange rate and conversion date, if applicable.

In addition to the sample financial schedules, you may wish to provide supplementary schedules for other items on the financial statement. If the sample financial statement is used, an answer is required to each item. If you submit an alternative financial report format, the information must respond to each request for information contained in the sample financial report.

Each individual must report promptly any material change to the information provided in the Biographical Report that occurs during the review period for the filing.

Notice to Applicants Regarding Collection and Use of Social Security Numbers

In accordance with Section 119.071(5)(a)2.a. and b., F.S., the Office provides the following notice to applicants regarding the Office's collection and use of social security numbers.

The Office's collection of social security numbers is not expressly authorized by or mandatory under federal or state law, but it is imperative for the performance of the Office's duties and responsibilities as prescribed by Section 662.1215, F.S. Section 662.1215(2), F.S. requires the Office to verify the required criminal justice information and professional licensing background to determine whether the persons who will serve as directors or officers of the corporation, or, of the applicant is a limited liability company, managers or members acting in a managerial capacity, satisfy the criteria in Section 662.1215(2)(a)1. through 5., F.S.

Social security numbers collected by the Office may not be used by the Office for any purpose other than the purpose provided in this notice.

Social security numbers held by the Office are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. This exemption does not supersede any federal law prohibiting the release of social security numbers or any other applicable public records exemption for social security numbers existing prior to May 13, 2002, or created thereafter.

Social security numbers held by the Office may be disclosed if any of the following apply:

a. The disclosure of the social security number is expressly required by federal or state law or a court order.
b. The disclosure of the social security number is necessary for the receiving agency or governmental entity to perform its duties and responsibilities.
c. The individual expressly consents in writing to the disclosure of his or her social security number.
d. The disclosure of the social security number is made to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224.
e. The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. ss. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. ss. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. ss. 6801 et seq., provided that the authorized commercial entity complies with the requirements of this paragraph.
f. The disclosure of the social security number is for the purpose of the administration of health benefits for an agency employee or his or her dependents.
g. The disclosure of the social security number is for the purpose of the administration of a pension fund administered for the agency employee's retirement fund, deferred compensation plan, or defined contribution plan.
h. The disclosure of the social security number is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.

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BIOGRAPHICAL REPORT

Form OFR-162-Bio

New 11/2015

Name of the Licensed Family Trust Company or proposed Licensed Family Trust Company for which this report is provided:

_____

Proposed Position(s)

Mark the position(s) for the capacity in which you propose to serve.

	Director
	Officer (list title):
	Manager
	Member Acting in a Managerial Capacity
	Controlling Stockholder or Member

1. Personal Information

(a) Name:

_____ _____ _____
Last First Middle (full)

(b) Residence Address: _____
(Street Address)

_____
(City) (State) (Postal Code) (Country)

(c) Residential History. Starting with the address of the residence where you resided prior to the current address above, provide all of your residential addresses for the past ten (10) years without gaps. Attach additional sheets as necessary.

From mm/yyyy	To mm/yyyy	Street Address	City	State	Postal Code	Country/ Province
	Current					

(d) Date of Birth: Month _____ Date _____ Year _____

(e) Place of Birth: _____
(City) (State) (Country)

(f) United States Social Security Number:* _____
**Please see the notice to applicants regarding the Office's collection and use of social security numbers. Proposed directors, officers, managers, or members acting in a managerial capacity are required to provide this information. Proposed controlling stockholders or members may provide this information but are not required to do so.*

(g) Citizenship: _____
(Country) (Date, if Naturalized)

(h) If you are not a United States citizen, provide:

Passport Number: _____

Home Country Identification Number: _____

Immigration File Number: _____

Father's full name: _____

Mother's full name, including maiden name: _____

(i) Telephone and fax numbers where you may be reached during business hours and an e-mail address:

_____
(Area Code, Telephone Number, including Country Code if outside U.S.)

_____ _____
(Fax Number) (E-mail Address)

(j) List other names you have used and the period of time you used them (for example, your maiden name, name by a former marriage, former name, alias, or nickname). Attach additional sheets as necessary.

Name	From MM/YY	To MM/YY

2. Employment History

(a) Starting with your current employment, provide a complete employment history for the past ten (10) years without gaps. Account for all time, whether paid or unpaid. Include full and part-time employment, self-employment, military service, and homemaking. Also include periods of unemployment, retirement, as a full-time student, and extended travel. Attach additional sheets as necessary.

From mm/yyyy	To mm/yyyy	Employer (company name)	Position Held (no abbreviations)	Type or nature of the employer's business or activities	Nature of your duties or responsibilities	Address, City, State, Postal Code	Country/ Province

(b) Have you ever been dismissed or asked to resign from any past employment, including a less than honorable discharge from military service?

☐ Yes ☐ No

If "yes," provide the employer's name, address, and telephone number; title or position; date of discharge; and explanation.

_____

_____

_____

_____

_____

_____

3. Education and Professional Credentials

(a) List each diploma or degree from high schools, colleges, universities, or other schools.

School Name/Address	From	To	Degree

(b) List each professional license or similar certificate you now hold or have held (for example, attorney, physician, CPA, NASD or SEC registration).

License Type/Number	Issuing Authority	Status (active, expired, revoked)	Date Issued	Expiration

4. Business Affiliations

List any company, including any family trust company, licensed family trust company, or foreign licensed family trust company with which you are or were associated. Provide the company name, location, nature or type of business, position held or relationship to the company, any ownership percentage, and beginning date of the relationship.

5. Legal and Related Matters

(a) Have you been involved in any of the following filings where the filing was denied, disapproved, withdrawn, or otherwise returned without favorable action by a federal or state regulatory authority or a self-regulatory organization:

(1) A charter or license application, a financial institution holding company application, or a federal deposit insurance application, in which you were listed as an organizer, director, senior executive officer, or a person that would own or control (either individually or as a member of a group) 10 percent or more of any class of voting securities or other voting equity interest of the institution, or similar position?

☐ Yes ☐ No

(2) A merger application in which you were listed as a director, senior executive officer, or similar position?

☐ Yes ☐ No

(3) A notice of change in director or senior executive officer, or similar form, in which you were listed as a director, senior executive officer, or similar position?

☐ Yes ☐ No

(4) A notice of change in control for a depository institution or other company, or a similar form, in which you were listed (either individually or as a member of a group) as an acquirer or transferee?

☐ Yes ☐ No

(5) Any other application, notice, or other regulatory or administrative request which was filed with a federal or state regulatory authority or a self-regulatory organization in which you were listed in some capacity?

☐ Yes ☐ No

(b) Have you or any company, financial institution or financial institution holding company with which you are or were associated been subject to any supervisory agreement, enforcement action, civil money penalty, prohibition or removal order, or other supervisory or administrative action taken or imposed by any federal or state regulatory authority or other governmental entity?

☐ Yes ☐ No

(c) Has any company or financial institution with which you are or were associated:

(1) Been placed into conservatorship or receivership or otherwise failed?

☐ Yes ☐ No

(2) Received financial assistance from a federal agency or instrumentality?

☐ Yes ☐ No

(3) Merged with or been acquired by an institution that received financial assistance from a federal agency or instrumentality in connection with the transaction?

☐ Yes ☐ No

(d) Have you or any company with which you are or were associated:

(1) Filed a petition under any chapter of the Bankruptcy Code or had an involuntary bankruptcy petition filed against you or the company?

☐ Yes ☐ No

(2) Defaulted on a loan or financial obligation of any sort, whether as obligor, cosigner, or guarantor?

☐ Yes ☐ No

(3) Forfeited property in full or partial satisfaction of any financial obligation?

☐ Yes ☐ No

(4) Had a lien placed against property for failure to pay taxes or other debts?

☐ Yes ☐ No

(5) Had wages or income garnished for any reason?

☐ Yes ☐ No

(6) Failed or refused to pay any outstanding judgments?

☐ Yes ☐ No

(e) Have you or any company with which you are or were associated been involved in any lawsuit, formal or informal investigation, examination, or administrative proceeding that may result in, or resulted in, any penalty (including, but not limited to, any sanction, fine, order to pay damages, loss of right or benefit, forfeiture of property interest, or revocation of license), agreement, undertaking, consent, judgment, or order imposed by or entered into with any of the following entities:

(1) Any federal or state court?

☐ Yes ☐ No

(2) Any department, agency, or commission of the United States government?

☐ Yes ☐ No

(3) Any state, municipal, or foreign governmental entity?

☐ Yes ☐ No

(4) Any self-regulatory organization (for example, NASD, FASB, state bar)?

☐ Yes ☐ No

(f) Have you or any company with which you are or were associated been arrested for, charged with, indicted for, or convicted of (including a conviction where the record was expunged), ever pleaded *nolo contendere* to, any criminal matter other than minor traffic violations?

☐ Yes ☐ No

(g) If you answer "yes" to any question in 5(a) through 5(f), provide your explanation by identifying the number of the question, describing the situation in detail, and, where relevant, including the following information. Attach additional sheets as necessary.

- Name and location of any company, party, court, regulatory agency, or self-regulatory organization involved.
- Nature of your association with any company (for example, officer, director, organizer, principal shareholder, or owner).
- Type of any application, notice, or other regulatory or administrative request.
- Nature of any supervisory, enforcement, or administrative action.
- Direct and indirect debt terms, defaulted amount, and creditor regarding any financial obligation.
- Date of any relevant event.
- Nature of any lawsuit, charge, or proceeding.
- Jurisdiction in which any legal proceeding occurred.
- Resolution or disposition of the matter.

6. Additional Information

Present any other information you believe is important to evaluate your filing.

FINANCIAL INFORMATION

FINANCIAL STATEMENT AS OF _____ _____, _____

ASSETS		LIABILITIES AND NET WORTH	
Cash on hand and in depository institutions	$ _____	Accounts payable	$ _____
Marketable securities (Schedule A)	_____	Notes payable and other loans (Schedule F)	_____
Notes receivable (Schedule B)	_____	Real estate mortgages (Schedule C)	_____
Real estate (Schedule C)	_____	Other liabilities (Schedule G)	_____
Proprietary interests and other securities (Schedule D)	_____	TOTAL LIABILITIES	_____
Retirement funds and other assets (Schedule E)	_____	Net worth (Total assets less total liabilities)	_____
TOTAL ASSETS	$	TOTAL LIABILITIES AND NET WORTH	$

CONTINGENT LIABILITIES

In addition to the liabilities listed on the Financial Statement, have you endorsed, guaranteed, or become otherwise indirectly or contingently liable for the debts of others or through a pending lawsuit?

☐ Yes ☐ No

If "yes," complete the following:

Name and Address of Debtor or Obligor	Name and Address of Creditor or Obligee	Description and Value of Collateral	Date Due	Current Amount
TOTAL				$

SUPPORTING SCHEDULES

Schedules must agree in total with the appropriate item contained in the Financial Statement.

Schedule A – Marketable Securities

Indicate all debt and equity securities listed on an exchange or otherwise regularly traded in an open market. Separate debt and equity securities. Securities of closely held corporations should be listed on Schedule D—Proprietary Interests. The description should include the name of the issuer, the principal amount or number of shares held, and the interest rate, if applicable. Small holdings may be aggregated and shown as "other" provided that they account for no more than 10 percent of marketable securities.

Description	Market Value
	$
TOTAL	$

Schedule B – Notes Receivable

The description should include the name of the obligor, the note's maturity and terms of repayment, and a description of any collateral. If the note is payable to you and others jointly, indicate only your beneficial interest under Current Balance.

Description	Current Balance
	$
TOTAL	$

Schedule C – Real Estate and Related Loans

List all real estate in which you hold a beneficial interest. Submit year-end financial statements, including profit and loss statements, for the last two years for each investment (exclude residence) in which you have an interest equal to 10 percent or more of your net worth. Also submit a cash flow statement on any investment property valued at 10 percent or more of net worth.

Description and Location (City and State)	Owner of Property	Percent Owner-ship	Mortgage Holder	Maturity Date	Current Market Value*	Current Balance**
					$	$
TOTAL					$	$

* Carry TOTAL forward to Assets - Real estate
** Carry TOTAL forward to Liabilities - Real estate mortgages

Schedule D – Proprietary Interests and Other Securities

List all companies, the shares of which are not listed on a securities exchange or otherwise regularly traded, in which you hold a beneficial interest. *(Submit year-end financial statements, including profit and loss and cash flow statements, for the last two years for each business interest in which you have an interest equal to 10 percent or more of your net worth.)*

Name and Address of Company	Legal Form of Company	Nature of Business	Percent Ownership	Current Value
				$
TOTAL				$

Schedule E - Other Assets

Include retirement funds (for example, 401K, IRA, Keogh), accounts receivable, merchandise and inventory at lower of cost or market value, machinery and equipment (less depreciation), and life insurance at its cash surrender value.

Description	Basis for Valuation	Current Value
		$
TOTAL		$

Schedule F – Notes Payable and Other Loans

Indicate all loans or notes payable, including loans on life insurance and retirement funds (but not real estate mortgages listed in Schedule C). Loan origination information must include the original date, loan amount, and co-makers, if any, and their percent obligation. Small obligations may be aggregated and shown as "other," provided that they account for no more than 20 percent of other loans and notes payable. Indicate any debt that is contractually delinquent by an asterisk next to the current balance.

Name and Address of Creditor and Loan Origination Information	Description and Value of Collateral	Maturity Date	Current Balance
			$
TOTAL			$

Schedule G - Other Liabilities

Include interest and taxes due and unpaid, other debts accrued, and other liabilities.

Payable To	Description	Maturity Date	Current Balance
			$
TOTAL			$

Cash Flow Statement*

Sources of Cash	20_____	20_____	Projected Current Year 20_____	Projected Next Year 20_____
Salaries, wages, commissions, and other employment income	**$**	**$**	**$**	**$**
Rents, royalties, and investments				
Income from dividends and interest				
Income and other distributions from partnerships				
Other sources**				
Total cash received				
Uses of Cash				
Personal living expenses (rent, household)				
Fixed obligations***				
Income taxes				
Capital contributions to partnerships				
Other uses**				
Total cash outlay				
NET CASH FLOW (deficit)	**$**	**$**	**$**	**$**

* Discuss any significant changes on a separate page.

** Itemize on a separate page any items amounting to 10 percent or more of total cash received or total cash outlay.

*** Fixed obligations include debt service on all loans and any budgeted capital improvement expenditures for real estate investments. Any loan proceeds or debt service related to this transaction should be included in projections for other sources or uses.

CERTIFICATION

I hereby affirm, under penalty of perjury, that the foregoing information provided on this form and all information submitted herewith is true, complete, and correct to the best of my knowledge and belief.

Signature: _____

Name: _____

Date: _____

STATE OF _____

COUNTY OF _____

On this _____, day of _____, _____, before me, the undersigned notary, personally appeared _____ (name of document signer), who ___ is personally known to me or ___ proved to me through the following identification: _____ to be the person who signed the preceding document in my presence and who swore or affirmed to me that the statement and contents of the document are truthful and accurate to the best of ____ his or _____her knowledge and belief.

_____
Notary Public Signature

Notary Seal: